

Name
in
Full

Julien Claude Beaton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Chesapeake City</u> ^{Town}		<u> Cecil </u> ^{County}		MARYLAND	
Date of death 190 <u>5</u>	Month <u>11</u>	Day <u>27</u>	Age <u>25</u> ^{Years}	Months <u>2</u>	Days <u>18</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Irwin Ave Co Mo</u>		
Married, Single or Widowed			Occupation <u>Clark</u>		
Name of Wife or Husband <u>X</u>					
Father's Name <u>Andrew Beaton</u>			Father's Birthplace <u>Irwin Co Mo</u>		
Mother's Maiden Name <u>Katherine A. Mariner</u>			Mother's Birthplace <u>Chesapeake City</u>		
Name of person giving information <u>Andrew Beaton</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Heart Lesion (Organic)</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. C. Harsner M.D.</u>
	Address <u>Chesapeake City Md</u>
Accident or Suicide?	

Name
in
Full

Joseph Body Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Neer Oakwood</i>		Town <i>Neer Oakwood</i>		County <i>Cecil</i>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>11</i>	Day	<i>30</i>	Age	<i>21</i>
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>Cecil Co.</i>
Occupation	<i>Labourer</i>			Where Residing if not at place of death		<i>New Bridge Station</i>	
Married, <i>Yes</i>	Name of Wife or Husband			<i>Hazel Smith Body</i>			
Father's Name	<i>Wm Boyer</i>				Father's Birthplace	<i>Prussia</i>	
Mother's Maiden Name	<i>Catherine Body</i>				Mother's Birthplace	<i>"</i>	
Name of person giving information	<i>Alfred Smith</i>				How related to deceased	<i>Bro in Law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>acute alcoholism</i>	How long	<i>5/6</i>
Immediate	<i>effusion pericardium</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. B. Sloman</i>
		Address	<i>Livingston</i>
Accident or Suicide?			<i>not</i>

Wed - at 1 to 10

Reba -

Name
in
Full

Still Born Cole (M. M.) Cecil

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Elk Neck Town

County Cecil

Date of death 1905

Month Nov

Day 7

Age

Years

Months

Days

Sex

Female

Color or Race

Colored

Birth-place

Elk Neck

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Eli J. Cole

Father's Birthplace

Elk Neck

Mother's Maiden Name

Bertha Hyland

Mother's Birthplace

Elk Neck

Name of person giving information

Geo S. Rittenhouse

How related to deceased

None

CAUSES OF DEATH

Primary

Still Born

S.

How long

—

Immediate

Still Born

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Geo S. Rittenhouse

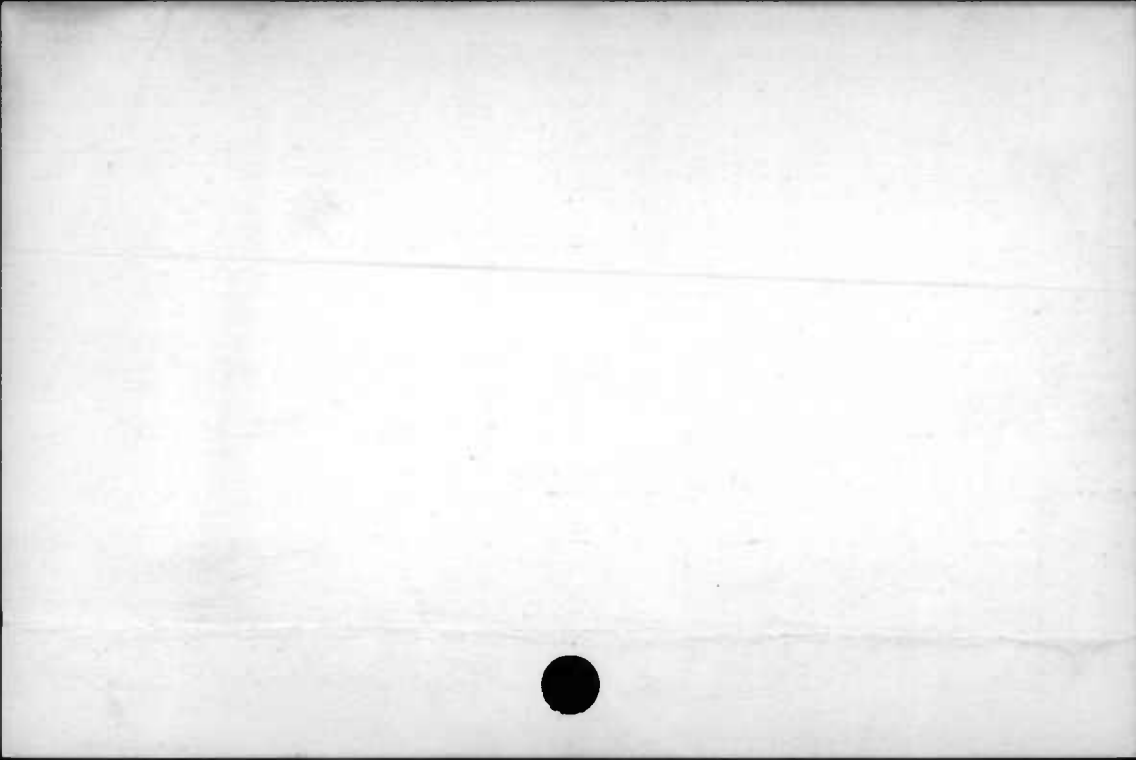
Address

North East Md

Accident or Suicide?

—

PHYSICIAN
OR CORONER



Name
in
Full

James Harris Curran

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Port Deposit* ^{Town}*Cal* CountyDate of death *1905* ^{Month} *11*Day *14*Age *33* ^{Years}

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Nightsville, Pa.*

Occupation

*Teacher*Where Residing If not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Hugh Asbury Curran*Father's
Birthplace*Nightsville, Pa.*Mother's
Maiden Name*Jane Harris*Mother's
Birthplace*" "*Name of person giving
Information*A. H. Harris*How related
to deceased*Not related*

CAUSES OF DEATH

Primary

Typhoid Fever

How long

27 days

Immediate

Hemorrhage into intestine. Perforation of intestine.

How long

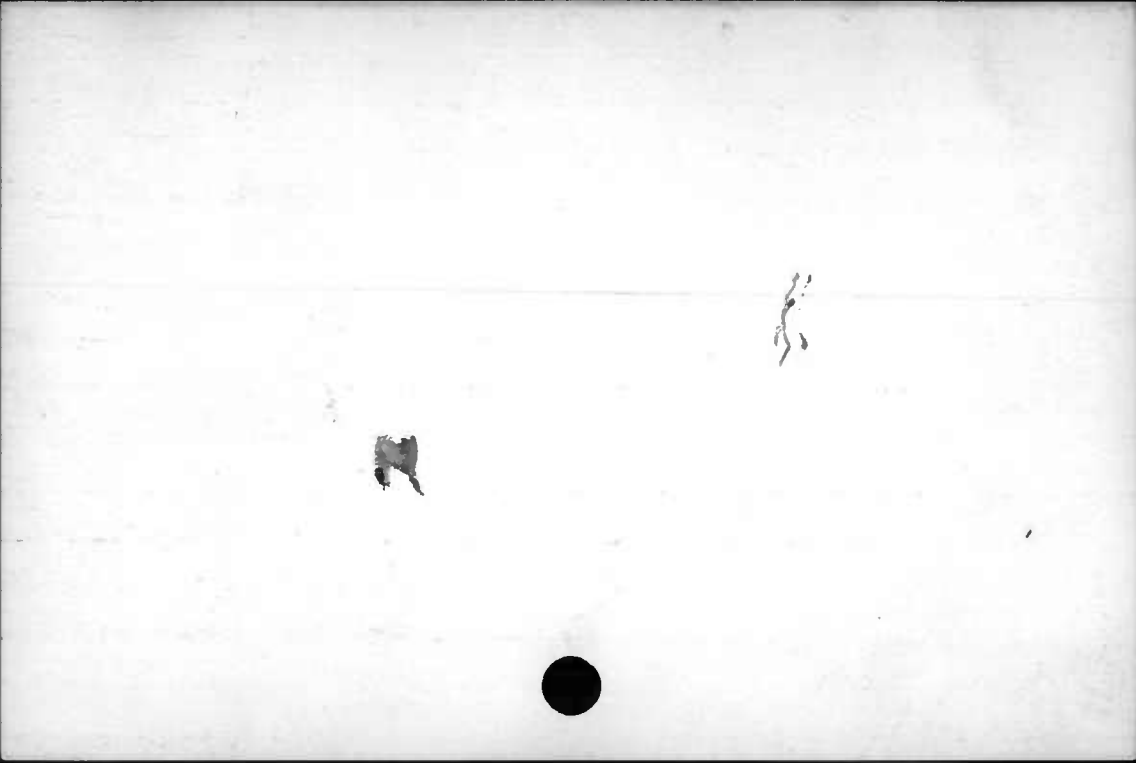
*3 days (?)*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Herbert Louis Rich*

Address

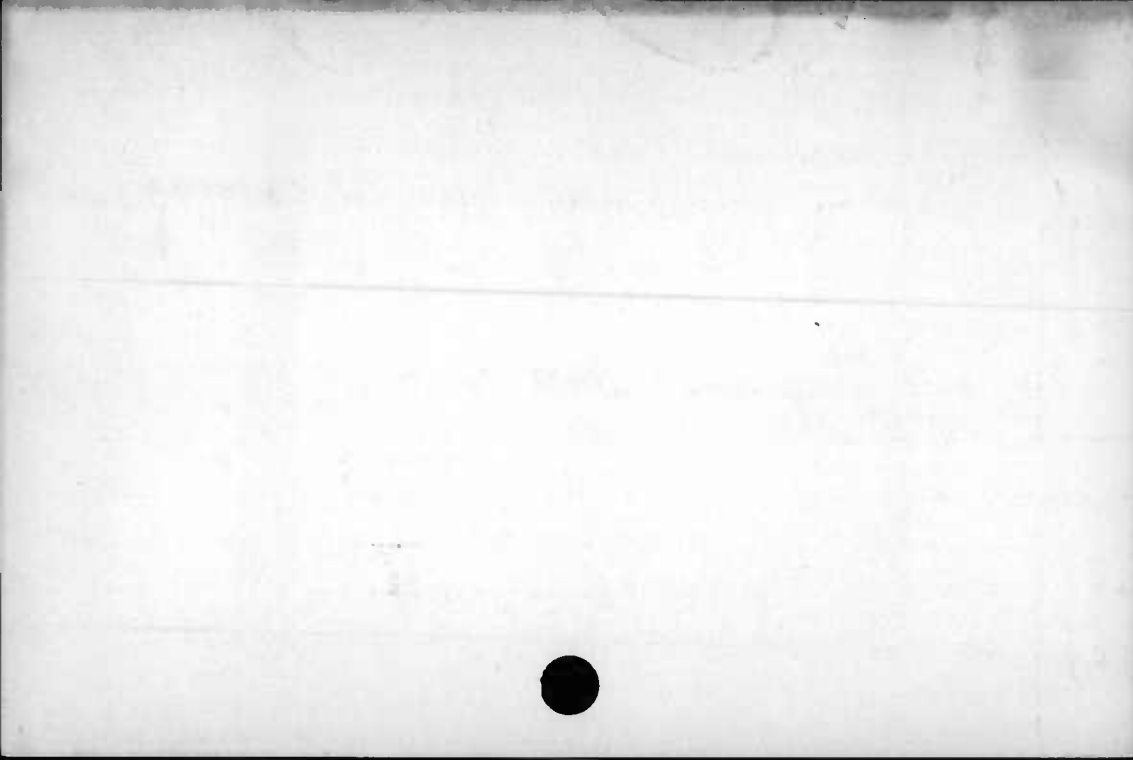
Port Deposit, Md.

Accident or Suicide?

*—*PHYSICIAN
OR CORONER



Name in Full Arthur Dennison		CERTIFICATE OF DEATH	
Died at Principio Furnace <small>Town</small> Cecil <small>County</small>		MARYLAND	
Date of death 1905 <small>Month</small> Nov <small>Day</small> 8 <small>Years</small> 16 <small>Months</small> 3 <small>Days</small>			
Sex Male <small>Color or Race</small> White <small>Birth-place</small> Atlanta Ga			
Occupation — <small>Where Residing if not at place of death</small>			
Married, Single or Widowed Single <small>Name of Wife or Husband</small>			
Father's Name Charles Dennison <small>Father's Birthplace</small> Pottstown Pa			
Mother's Maiden Name Genevieve Roberts <small>Mother's Birthplace</small> Chittenango N.Y			
Name of person giving information Charles Dennison <small>How related to deceased</small> Father			
CAUSES OF DEATH			
Primary Septicemia <small>How long</small> 6 days			
Immediate — <small>How long</small>			
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Geo. M. Stumpf		
	Address Perryville Pa.		
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

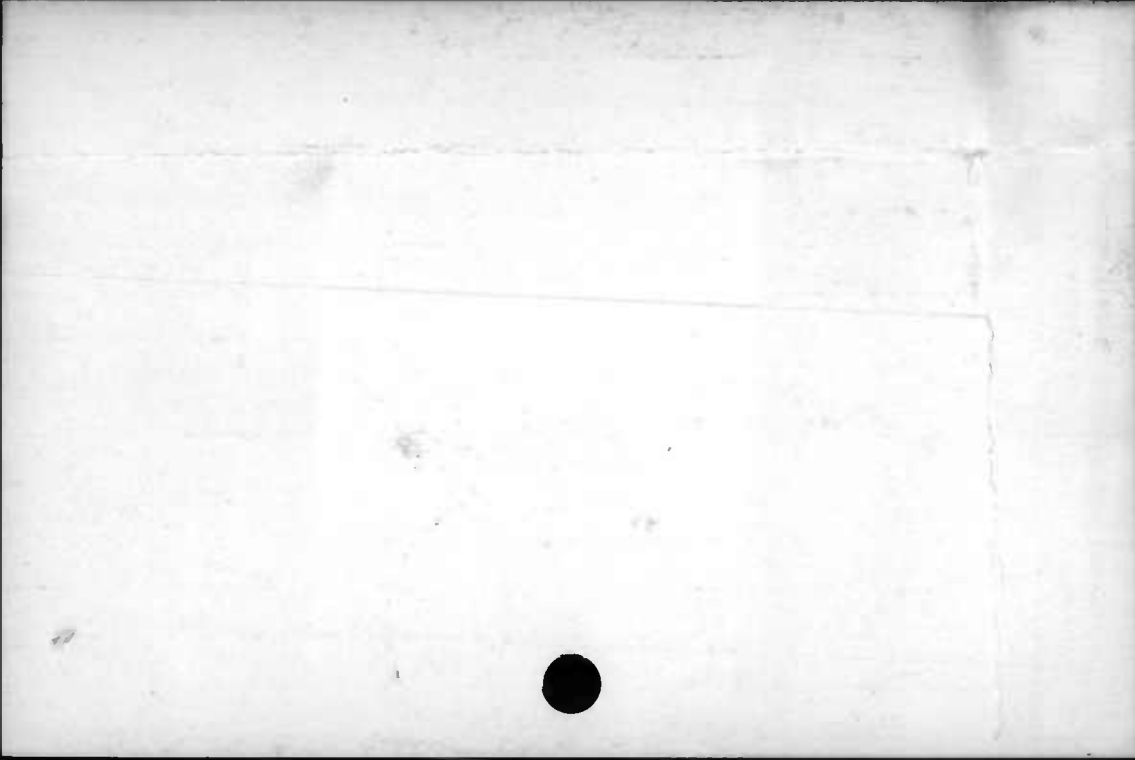
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Theodore</i>		County <i>Lucie</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Nov</i>	Day <i>30th</i>	Age <i>76</i>	Months <i>6</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Rock Springs</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Theodore</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary R Edmonson</i>				
Father's Name <i>Hugh Ferguson</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Elizabeth McDowell</i>	Mother's Birthplace <i>Rock Springs</i>				
Name of person giving information <i>Ann Armour</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Fall from wagon</i>	How long <i>160</i>
Immediate <i>Paralysis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. Z. Yufford MD</i>
	Address <i>Guth Md</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

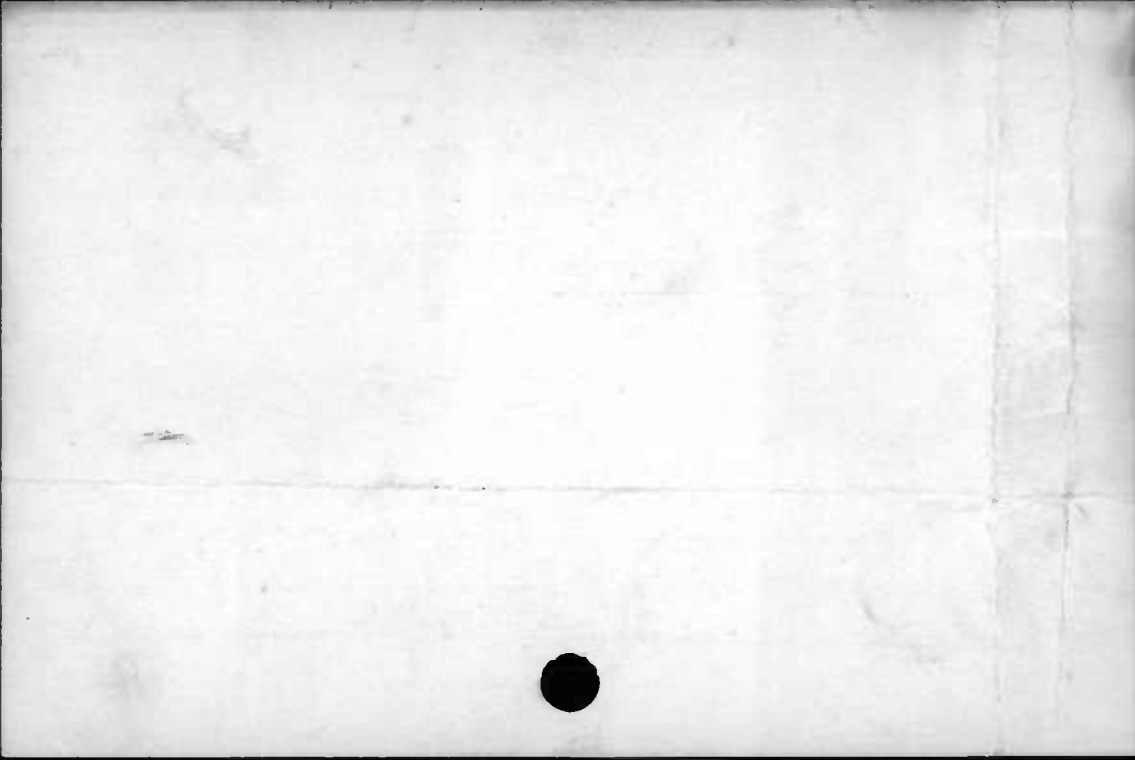
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Blake</i>		Town <i>Blake</i>		County <i>Lucie</i>		MARYLAND	
Date of death <i>1905</i>		Month <i>11</i>	Day <i>26</i>	Age <i>78</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>Widow</i>				Where Residing if not at place of death <i>Near Blake</i>			
Married, Single or Widowed <i>Widow</i>		Name of W Husband <i>William Foster</i>					
Father's Name <i>John Andersson</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Sarah Mitchell</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>Mrs Sarah Martin</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>24h</i>
Immediate <i>Paralysis</i>	How long <i>24h</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David Mackey</i>
	Address <i>Louisville Pa</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

Thomas Goosebury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied *on the mannor*

Town

Cecil

County

MARYLAND

Date

of death 1905

Month

11

Day

11

Years

Age *50*

Months

X

Days

X

Sex

*male*Color or
Race*colord*Birth-
place*not known*Married, Single
or Widowed*Married*

Occupation

*Farm laborer*Name of Wife or
~~Husband~~*Clara Salsberry*Father's
Name*not known*Father's
Birthplace*not known*Mother's
Maiden Name*"**"*Mother's
Birthplace*"**"*Name of person giving
in formation*Isaac Miller*How related
to deceased*Bro in law*

CAUSES OF DEATH

Primary

Rheumatism at old age home

How long

once year

Immediate

Heart failure

How long

*several months
Heart incident*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*J. J. Conner M.D.
Chesapeake Bay and*

Accident or Suicide?

PHYSICIAN
OR CORNER



Name
in
Full

Elizabeth E Hall

CERTIFICATE OF DEATH

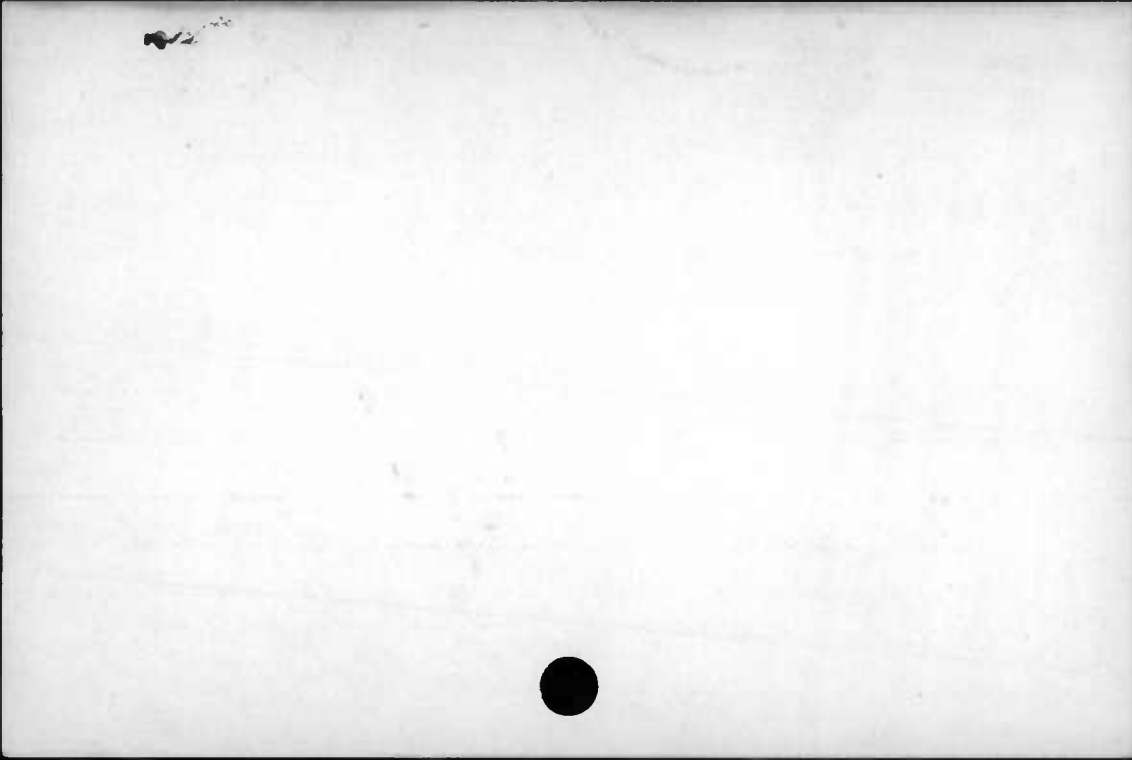
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Port Deposit</u> <small>Town</small>		<u>Cecil</u> <small>County</small>		MARYLAND	
Date of death	1905	Month	Two	Day	18
Age		82		Months	—
Sex		Female		Color or Race	White
Occupation		—		Birth-place	Port Deposit
Where Residing if not at place of death		—			
Married, Single or Widowed		Widowed			
Name of Wife or Husband		—			
Father's Name		—		Father's Birthplace	
Mother's Maiden Name		—		Mother's Birthplace	
Name of person giving information		Martha Jones		How related to deceased	
				Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Revels of Fall</u>	How long	15 days
Immediate	<u>—</u>	How long	—
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		D. H. Fisher	
Address		Port Deposit, Md.	
Accident or Suicide?		—	



Name
in
Full

CERTIFICATE OF DEATH

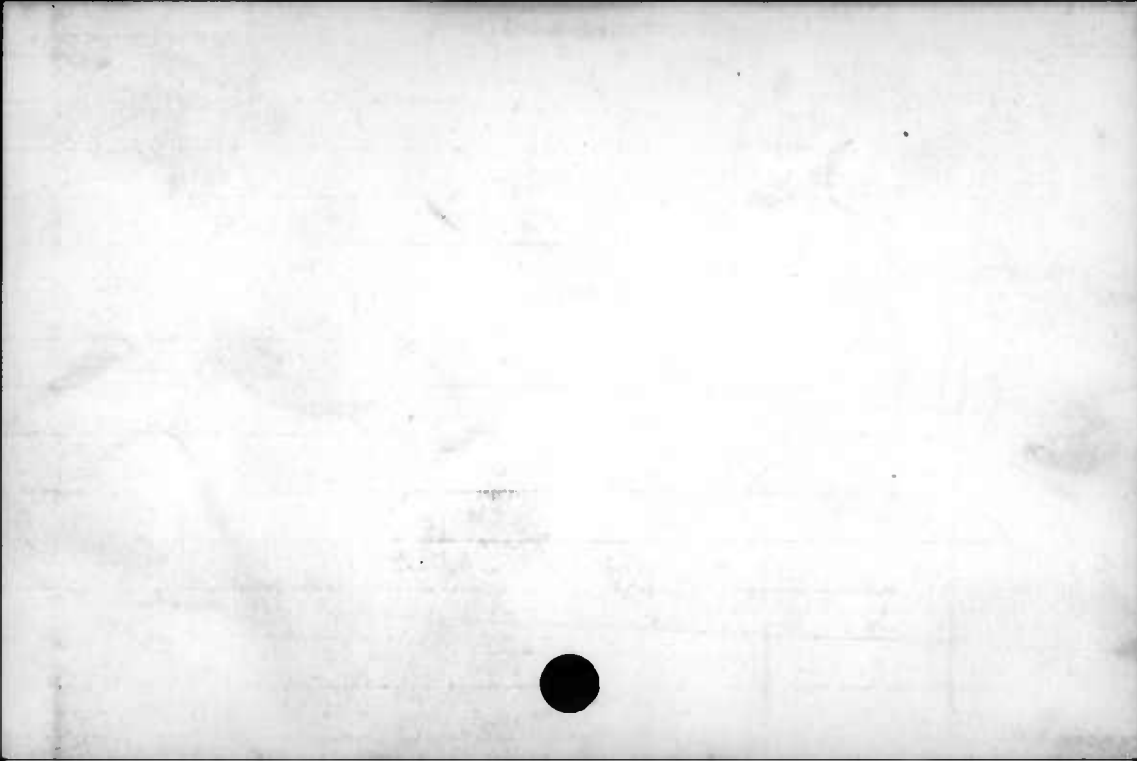
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port</i> ^{Town} <i>Heppner</i> ^{County} <i>Cecil</i> ^{MARYLAND}	
Date of death <i>1905</i> ^{Month} <i>Jan</i> ^{Day} <i>11</i> ^{Age} <i>11</i> ^{Years} <i>1</i> ^{Months} <i>1</i> ^{Days} <i>23</i>	
Sex <i>Male</i> ^{Color or Race} <i>Caucas</i> ^{Birth-place} <i>Port Heppner</i>	
Occupation <i>Mail</i> ^{Where Residing if not at place of death} <i>Port Heppner</i>	
Married, Single or Widowed <i>Single</i> ^{Name of Wife or Husband} <i>None</i>	
Father's Name <i>David Hanes</i> ^{Father's Birthplace} <i>Canago</i>	
Mother's Maiden Name <i>Elizabeth Thomas</i> ^{Mother's Birthplace} <i>Amherst</i>	
Name of person giving information <i>Edw. Hodge Thomas</i> ^{How related to deceased} <i>Maternal</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Examination</i> ^{How long} <i>151</i> ^{From birth} <i>15</i>	
Immediate <i>Geo</i> ^{How long} <i>151</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>D. H. Fisher</i>
	Address <i>Port Deposit Md.</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



Name
in
Full

John W Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chesapeake City</i>		County <i>Cecil</i>		MARYLAND	
Date of death 1905	Month <i>11</i>	Day <i>24</i>	Age	Years <i>78</i>	Months <i>10</i>	Days <i>12</i>	
Sex <i>male</i>	Color or Race <i>American</i>		Birth-place <i>Lucanville Co Md</i>				
Married, Single or Widowed <i>Widower</i>			Occupation <i>Merchant</i>				
Name of Wife or Husband <i>X</i>							
Father's Name <i>Decker Johnson</i>				Father's Birthplace <i>Carlisle Co Md</i>			
Mother's Maiden Name <i>Alia Kortner</i>				Mother's Birthplace <i>Carlisle Co Md</i>			
Name of person giving information <i>John W Johnson</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Apoplexy (H)</i>		How long	<i>one hour</i>
Immediate	<i>X</i>		How long	<i>X</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>W C Karsner M D</i>	
			Address <i>Chesapeake City Md</i>	
Accident or Suicide?				



Name
in
Full

Wm H Lynch

CERTIFICATE OF DEATH

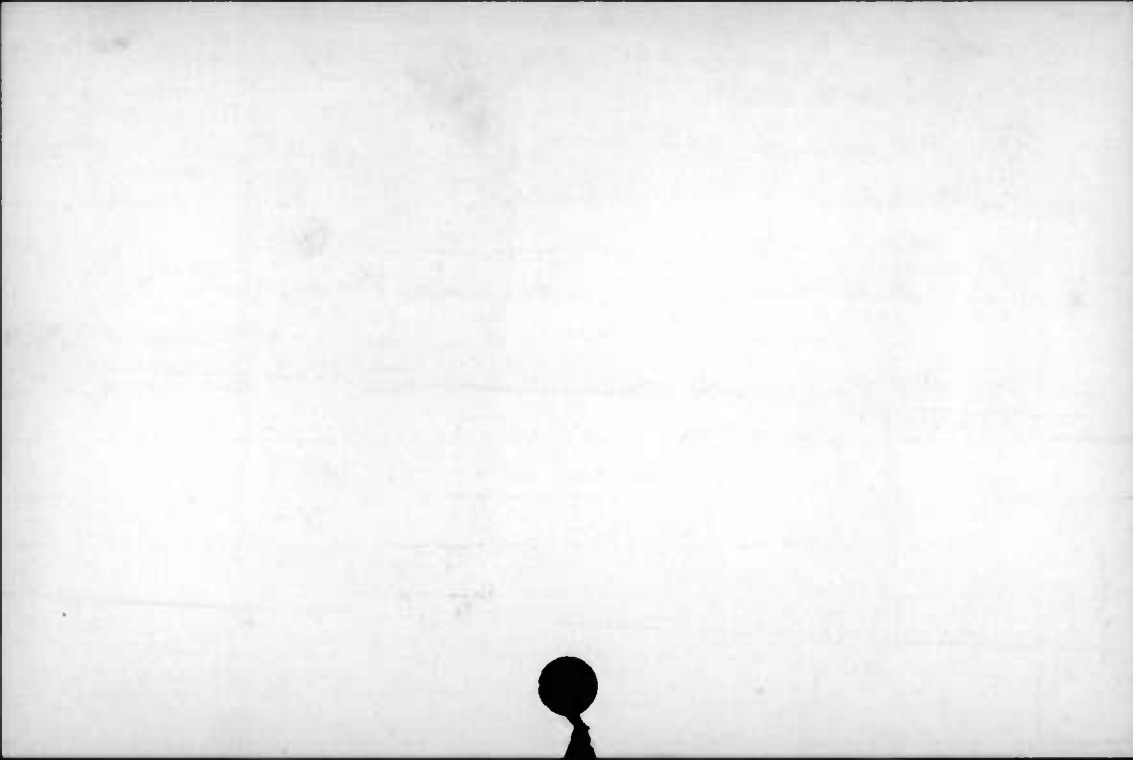
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Blytheville</i> <small>Town</small>		<i>Cecil</i> <small>County</small>		MARYLAND	
Date of death <i>1905 Nov</i>	<i>27</i> <small>Day</small>	<i>77</i> <small>Years</small>	<i>3</i> <small>Months</small>	<i>1</i> <small>Days</small>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cecil Co</i>			
Occupation <i>—</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband			
Father's Name <i>W</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>W W Lynch</i>		How related to deceased <i>son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>apoplexy</i>	How long <i>2 yrs 5 mo</i>
Immediate <i>second attack</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. T. Brown</i>
	Address <i>Port Deposit</i>
Accident or Suicide?	



Name
in
Full

John S Matthews

CERTIFICATE OF DEATH

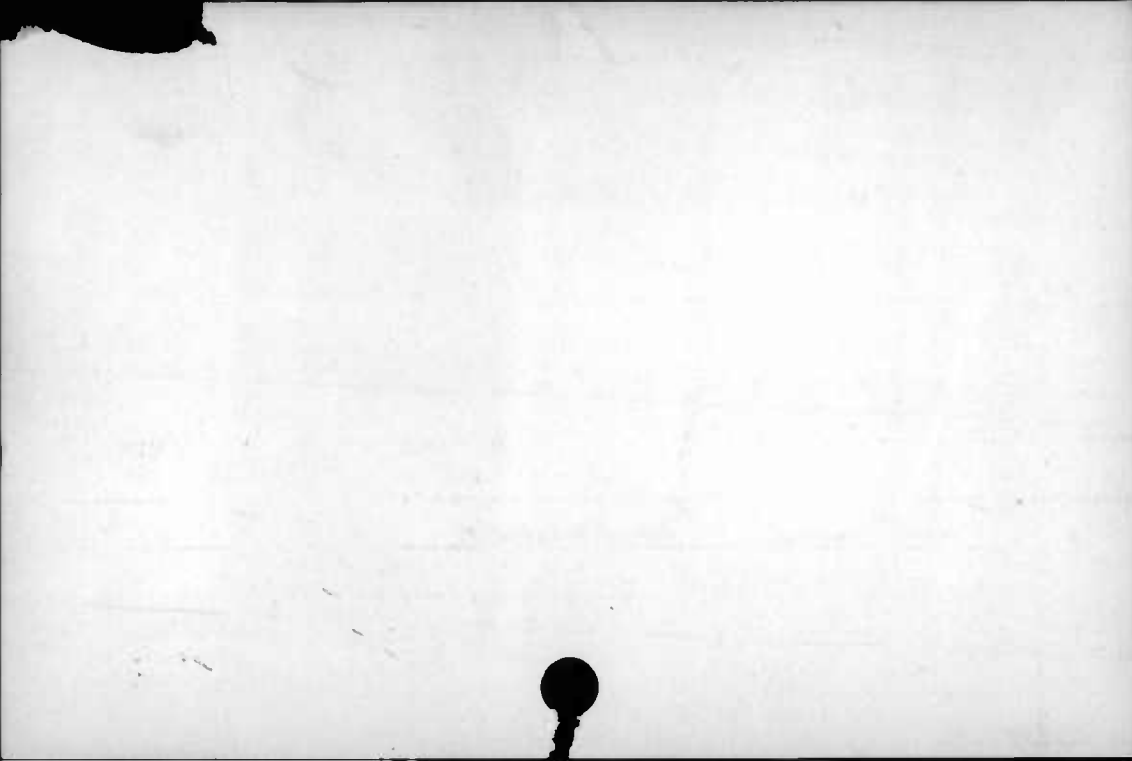
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Perryville</u> <small>Town</small>		<u>Cecil</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>Nov</u> <small>Month</small>	<u>6</u> <small>Day</small>	Age <u>38</u> <small>Years</small>	<u>8</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Harford Co</u>			
Occupation <u>Salesman</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Louisa H Matthews</u>				
Father's Name <u>Isaac H Matthews</u>	Father's Birthplace <u>Howard Co</u>				
Mother's Maiden Name <u>Helen A Sappington</u>	Mother's Birthplace <u>Harford Co</u>				
Name of person giving information <u>Louisa H Matthews</u>	How related to deceased <u>Wife</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>Five Weeks</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>[Signature]</u>
	Address <u>Pro. M. Stumpf</u>
	<u>Perryville Md</u>
Accident or Suicide?	





Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port Deposit</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	1905	Month	Nov	Day	2
Age	47	Years		Months	10
Sex	Male	Color or Race	White	Birth-place	Port Deposit
Occupation	Banker		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Virginia Crestitt		
Father's Name	Henry C Crestitt		Father's Birthplace	Cecil Co	
Mother's Maiden Name	Hannah Abrahams		Mother's Birthplace	" "	
Name of person giving Information	Wm McClenahan		How related to deceased	Brother-in-law	

CAUSES OF DEATH

Primary	<i>Dysphoid Fever</i> ✓ (1)	How long	<i>5 weeks</i>
Immediate		How long	

Are the name, age, sex, color, date and place correctly given above?

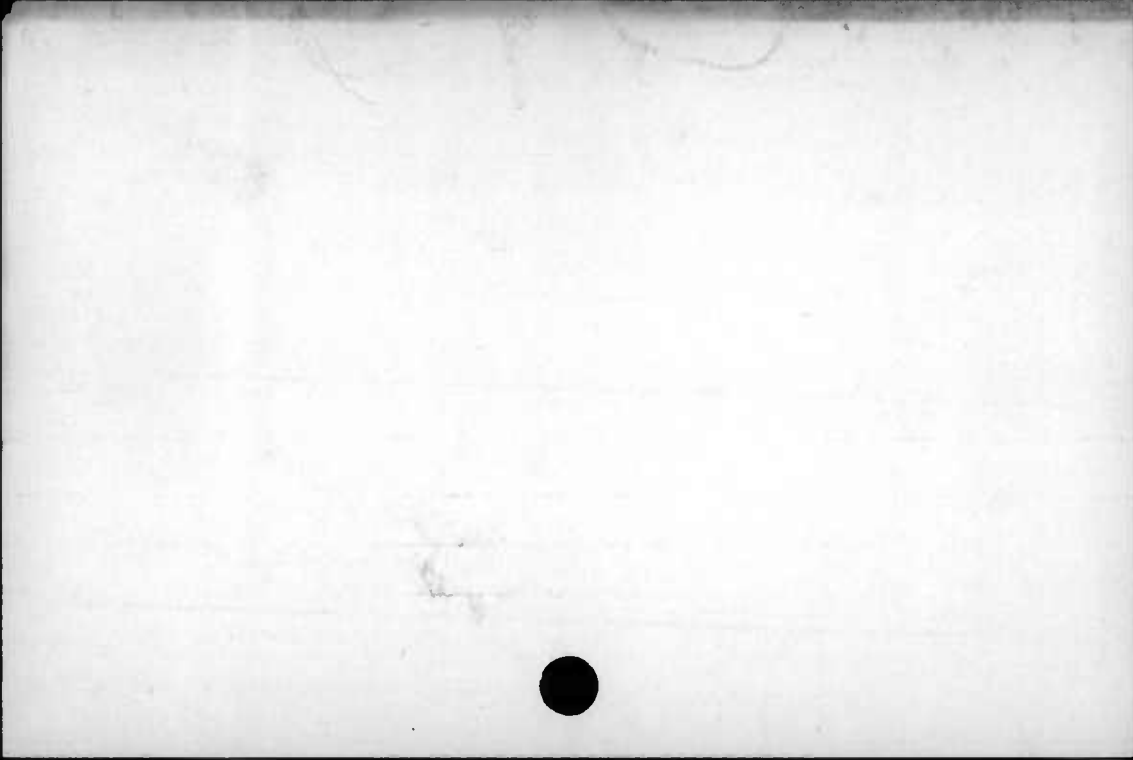
Yes

Signature of Physician

Address

J. H. Fisher
Port Deposit, Md.

Accident or Suicide?



Name
is
Full

Robert Blocker Parks

CERTIFICATE OF DEATH

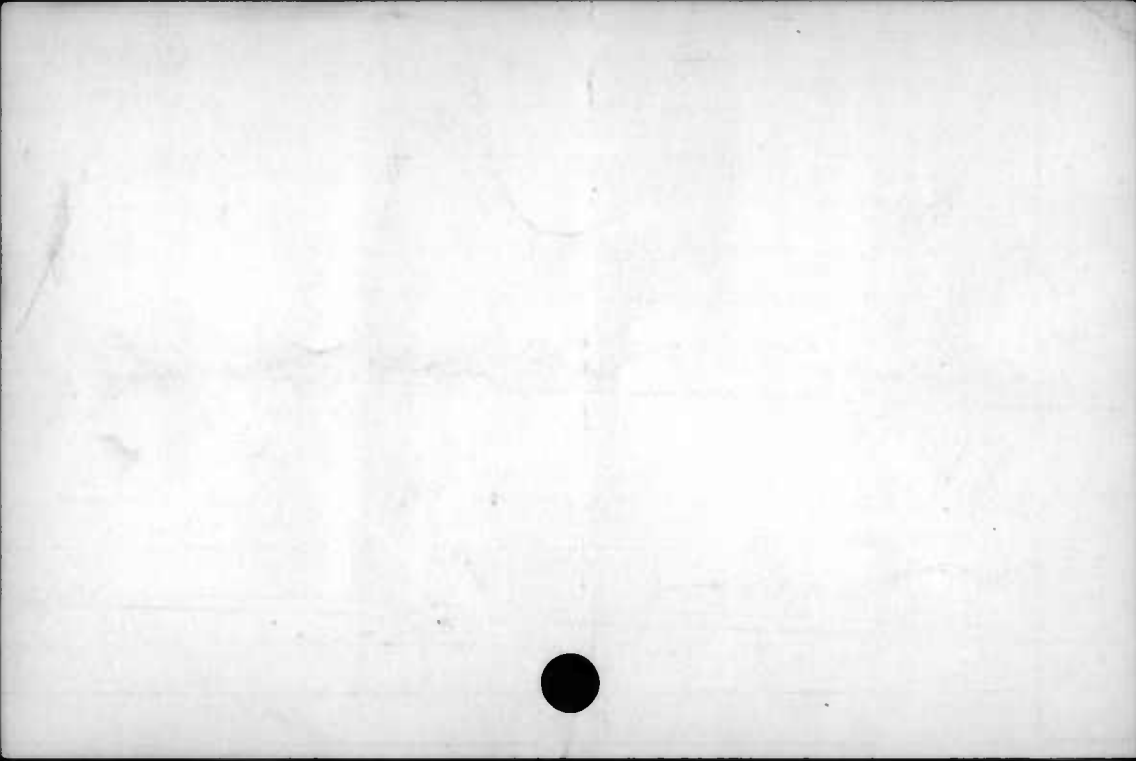
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Neer Cecilton</i>		Town <i>Cecil</i>		County		MARYLAND	
Date of death 190 <i>5</i>	Month <i>11</i>	Day <i>22</i>	Age	Years	Months <i>3</i>	Days <i>10</i>	
Sex <i>Male</i>	Color or Race <i>white</i>		Birth- place <i>Neer Cecilton</i>				
Married, Single or Widowed <i>Single</i>			Occupation <i>None</i>				
Name of Wife or Husband <i>None</i>							
Father's Name <i>George Parks</i>				Father's Birthplace <i>Rhile</i>			
Mother's Maiden Name <i>Emma Blocker</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving In formation <i>Geo Parks</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Manacurus</i>	How long <i>one month</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Rm Brown</i>
	Address <i>Cecilton, Md</i>
Accident or Suicide?	



Name
in
Full

Hammali Rambo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Theodore ^{County} Cecil

Date of death 1908- ^{Month} Nov ^{Day} 25- ^{Years} Age 61 ^{Months} ^{Days}

Sex Female Color or Race White Birth-place Cecil Co

Occupation Housewife Where Residing If not at place of death

Married, Single or Widowed Married Name of Wife or Husband Wm Rambo

Father's Name Joseph Tyson Father's Birthplace

Mother's Maiden Name Mary Abrams Mother's Birthplace Cecil Co

Name of person giving information Wm Rambo How related to deceased Husband

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia How long 2 weeks

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. B. Sherr Address Rising Sun Md.

Accident or Suicide?



Name
in
Full

Richard Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

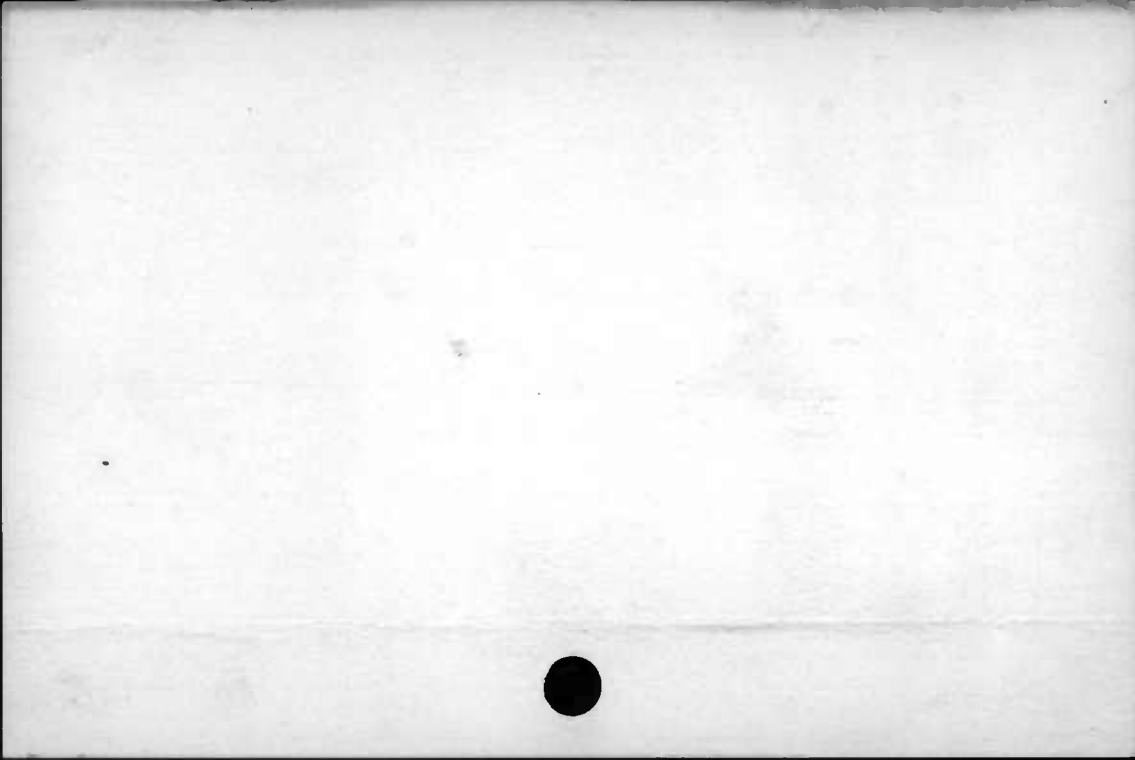
Died at <u>Elk Creek</u> ^{Town}		<u>Cecil</u> ^{County}		MARYLAND	
Date of death	<u>1905</u> ^{Month} <u>Nov</u> ^{Day} <u>14</u>	Age	<u>5</u> ^{Years}	<u>1</u> ^{Months}	<u>5</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Elk Creek</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<u>single</u>	Name of Wife or Husband			
Father's Name	<u>James Sanders</u>	Father's Birthplace	<u>Baltimore</u>		
Mother's Maiden Name	<u>Mary Betty Hammond</u>	Mother's Birthplace	<u>Elk Creek</u>		
Name of person giving information	<u>James Sanders</u>	How related to deceased	<u>Father</u>		

(150)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pulmonary Tuberculosis</u>	How long	<u>1 Year</u>
Immediate	<u>Hydrocephalus</u>	How long	<u>From Birth</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Geo S. Pittenhouse</u>
		Address	<u>North East Md.</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Lydia A Simpers</i>		Town <i>Neon Elkhorn</i>		County <i>Cecil</i>		State <i>MARYLAND</i>	
Died at <i>Neon Elkhorn</i>		Date of death <i>1905</i>		Month <i>Nov</i>		Day <i>9</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Years <i>74</i>		Months <i>74</i>	
Occupation <i>Widow</i>		Where Residing if not at place of death <i>John Simpers</i>		Birth- place <i>Ind</i>		Days <i>Ind</i>	
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>John Simpers</i>		Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>	
Father's Name <i>Jacob Green</i>		Mother's Maiden Name <i>—</i>		How related to deceased <i>Daughter</i>		Name of person giving In formation <i>Mrs Muhdaly</i>	

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Cancer of Stomach</i>	How long <i>—</i>
	Immediate <i>Exhaustion</i>	How long <i>—</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm D. Lawley</i>
	Address <i>Elkhorn Ind</i>	
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

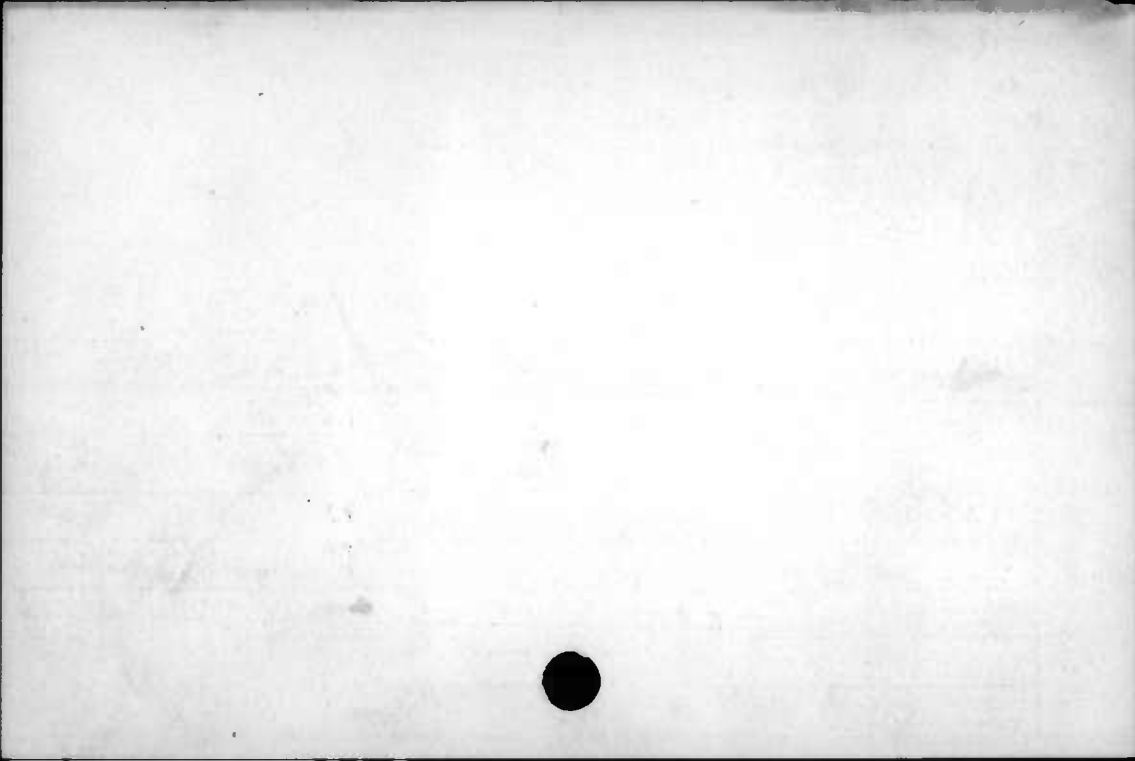
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Isaac R. Taylor</i>		Town <i>Rising Sun</i>		County <i>Cecil</i>		State <i>MARYLAND</i>	
Died at <i>Rising Sun</i>		Month <i>Nov</i>		Day <i>21</i>		Age <i>84</i>	
Date of death <i>1905</i>		Month <i>Nov</i>		Day <i>21</i>		Age <i>84</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Rising Sun</i>		Months <i>10</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>Rising Sun, Md.</i>		Days <i>2</i>		<i>7</i>	
Married, Single <input checked="" type="checkbox"/> Widowed		Name of Wife or Husband <i>Lucy Harlan Taylor</i>					
Father's Name <i>Samuel Taylor</i>		Father's Birthplace <i>Chesler Co Pa</i>					
Mother's Maiden Name <i>Hannah Richards</i>		Mother's Birthplace <i>Do</i>					
Name of person giving information <i>Saml A Taylor</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Stroke due to old age</i>	How long <i>4 years</i>
Immediate <i>Phroduct & Echinum</i>	How long <i>6 night</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John B. [unclear]</i>
	Address <i>Rising Sun Md</i>
Accident or Suicide?	



Name
in
Full

Josephine Underwood 4 brk-

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Crownstown Essex County
Date of death 1905 Nov 19 Age 57 Months — Days —
Sex Female Color or Race White Birth-place Md
Occupation House work Where Residing if not at place of death —
Married, Single or Widowed Single Name of Wife or Husband —
Father's Name Joseph Underwood Father's Birthplace Md
Mother's Maiden Name Anna Boulden Mother's Birthplace —
Name of person giving information Geo. B. Underwood How related to deceased Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Carcinoma 15 How long 1 year
Immediate Haemorrhage How long 1 Mo. intervals
Are the name, age, sex, color, date and place correctly given above? yes. Signature of Physician F. H. West.
Address Kimberville, Pa.
Accident or Suicide? —

9E1



Name
in
Full

Ida Harrington

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elk Neck</u> <small>Town</small>		<u>Cecil</u> <small>County</small>		MARYLAND	
Date of death <u>1905</u>	<u>Nov</u> <small>Month</small>	<u>16</u> <small>Day</small>	Age <u>25</u> <small>Years</small>	<u>2</u> <small>Months</small>	<u>—</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Elk Neck</u>		
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Ida Harrington</u>				
Father's Name <u>James Sanders</u>	Father's Birthplace <u>Elk Neck</u>		Mother's Birthplace <u>Elk Neck</u>		
Mother's Maiden Name <u>Ida Sanders</u>	How related to deceased <u>Father</u>		Name of person giving information <u>James Sanders</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>1 year</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo B. Pittmanhouse</u>
	Address <u>North East</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Jennie E. Whelan*

Died at *Port Deposit* Town *Cecil* County

Date of death *1905* Month *Nov* Day *12* Age *41* Years Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Lyles Pa*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Wm Whelan*

Father's Name *John C Brown* Father's Birthplace *Maryland*

Mother's Maiden Name *Elizabeth Markley* Mother's Birthplace *Penn*

Name of person giving information *Wm Whelan* How related to deceased *Husband*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Cerebral Abscess* How long *2 months*

Immediate

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *Geo. M. Stump*

Address *Perryville Pa*

Accident or Suicide? ☐

